

CALIFORNIA DEPARTMENT OF EDUCATION
Child Development Division
CD-9606 (Revised: 02/04)

NOTE: When applicable, this form is to be completed and used with form, CD-9600.

STATEMENT OF INCAPACITY (PARENT OR CARETAKER)

Please print or type information.

PART I - To be completed by authorized agency representative.

Instructions In order for the child (or children) of a parent or caretaker to be eligible to receive child development services, the California Department of Education requires verification that the medical or psychiatric special needs of the parent or caretaker cannot be met without the provision of child development services.

PARENT(S) OR CARETAKER(S) NAME <i>Maria Vallejo</i>		PARENT(S) OR CARETAKER(S) SIGNATURE <i>MFV</i>	
The parent or caretaker listed above has authorized us to contact you for such verification. Your cooperation in answering the questions and returning this form within two weeks to the agency listed below will enable our agency to establish eligibility.			
AGENCY Children of the Rainbow	AUTHORIZED AGENCY REPRESENTATIVE (Please print.) Jasmine Jackson	TELEPHONE NUMBER (619) 615-0652	
ADDRESS 3078 L Street	CITY San Diego	ZIP CODE 92102	

PART II - To be completed by a licensed professional.

NATURE OF INCAPACITY <i>Mother is hospitalized undergoing tx</i>	PROBABLE DATES OF INCAPACITY From Aug 4, 2008 To Sept 30, 2008						
Does the nature of the incapacity prevent the parent or caretaker from caring for the child without assistance for at least some part of the day? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	NUMBER OF HOURS PER DAY CHILD CARE REQUIRED.						
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	24h	24h	24h	24h	24h	24h	24h
	Is hospitalization required at this time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>n/a</i>						

COMMENTS (Attached a separate sheet, if necessary):

*Mother has been hospitalized for severe disease
and continues to need hospitalization.
Appropriate child care services*

LICENSED PROFESSIONAL SIGNATURE <i>Caroline Carpenter</i>	DATE 9/10/08	TELEPHONE 619-267-0202	
LICENSE/CREDENTIAL TYPE MD	LICENSE/CREDENTIAL NUMBER AD45503		
ADDRESS 3400 East 8th St Suite #107	CITY National City	STATE CA	ZIP CODE 91950